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Modified 02-03

 PTO/SB/21 (01-03)
 Approved for use through 9/30/00. OMB 0651-0031
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application / Conf. No.	10/007,841 / 7622
Mail Stop: AMENDMENT		Filing Date	December 02, 2001
		First Named Inventor	Amit Dhir
		Examiner Name	Unknown
		Art Unit	2819
Express Mail Receipt No.		Patent No.	
Total Number of Pages in This Submission		Attorney Docket Number	X-881 US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Amendment / Reply <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/declaration(s) <ul style="list-style-type: none"> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Change Status to LARGE ENTITY <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) <input checked="" type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet) <input type="checkbox"/> Declaration / Oath <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition - <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Customer Number	24309 (Customer Number)		Reg. Number 37,652
Attn:	Kim Kanzaki		
Signature			
Date	December 19, 2005	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D. C. 20231 on this date:			
Typed or Printed Name	Pat Tompkins		
Signature			Date December 19, 2005

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.



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PTO/SB/17 (10-02)

Approved for use through 10-31-2002. OMB 0651-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known

Application / Conf. No.	10/007,841	/	7622
Filing Date	December 3, 2001		
First Named Inventor	Amit Dhir		
Examiner Name	Binh C. Tat		
Art Unit	2819		
Attorney Docket No.	X-881 US		

METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:

Deposit Account

Deposit Account Number

24-0040

Deposit Account Name

XILINX, INC.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Fee Code	(\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1812	2,520	For filing a request for ex parte reexamination	
1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	Extension for reply within first month	
1252	450	Extension for reply within second month	
1253	1020	Extension for reply within third month	
1254	1,530	Extension for reply within fourth month	
1255	2,080	Extension for reply within fifth month	
1401	500	Notice of Appeal	
1402	500	Filing a brief in support of an appeal	
1403	1000	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	110	Petition to revive - unavoidable	
1453	1,370	Petition to revive - unintentional	
1501	1,370	Utility issue fee (or reissue)	
1460	130	Petitions to the Commissioner	
1807	50	Petitions related to provisional applications	
1806	180	Submission of Information Disclosure Stmt	\$180
8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	Request for Continued Examination (RCE)	
Other fee (specify) _____			

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Paid Code	Fee (\$)	Fee Description	Fee
1001	770	Utility filing fee	
1002	330	Design filing fee	
1003	510	Plant filing fee	
1004	790	Reissue filing fee	
105	160	Provisional filing fee	
SUBTOTAL (1)		(\$)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	- 20** =	Extra	Fee from below	=	Fee Paid
Indep. Claims	- 3** =				
Multiple Dependent Claims					

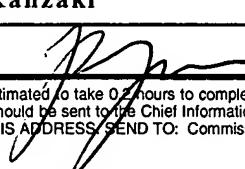
**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Fee (\$)	Fee Description
1202	18	Claims in excess of 20
1201	86	Independent claims in excess of 3
1203	290	Multiple dependent claim, if not paid
1204	86	**Reissue independent claims over original patent
1205	18	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** **(\$)** **180.00**

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Kim Kanzaki	Registration No. (Attorney/Agent)	37,652	Telephone	408-879-6149
Signature			Date	12-19-2005	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.